

2491

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Yavapai</u>				BUREAU OF VITAL STATISTICS			
District <u>Lake Creek</u>				State Index - - - - No. <u>4231</u>			
Town or City <u>Cornville</u>				County Registrar's - - No. _____			
No. _____				Local Registrar's - - No. _____			
2. FULL NAME <u>Laura Johnson</u>				(If death occurred in a hospital or institution, give its NAME instead of street number).			
(a) Residence. No. _____				St. _____ Ward _____			
(Usual place of abode)				(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred				How long in U. S. if of foreign birth?			
yrs. mos. ds.				yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Divorced</u>		10. DATE OF DEATH (month, day, and year) <u>8-20 1932</u>			
5a. If married, widowed, or divorced				17. I HEREBY CERTIFY, That I attended deceased from			
HUSBAND of <u>Lee Johnson</u>				<u>3-18</u> , 19 <u>32</u> to <u>Mar 20</u> , 19 <u>32</u>			
(or) WIFE of				that I last saw her alive on <u>Mar 18</u> , 19 <u>32</u>			
6. DATE OF BIRTH (month, day and year)				and that death occurred, on the date stated above, at <u>6:10 a.m.</u>			
7. AGE <u>71</u> Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	The CAUSE OF DEATH* was as follows:			
8. OCCUPATION OF DECEASED				<u>Indo Carditis; Gangrene billi-</u>			
(a) Trade, profession, or particular kind of work <u>House wife</u>				<u>fat. Sepsis; I only</u>			
(b) General nature of industry, business or establishment in which employed (or employer)				<u>saw this patient one time but</u>			
(c) Name of employer				<u>felt that she must have</u>			
9. BIRTHPLACE (city or town) <u>Virginia</u>				<u>had some kidney trouble</u>			
(State or country)				(duration) _____ yrs. _____ mos. _____ ds.			
10. NAME OF FATHER <u>Unknown</u>				15. Where was disease contracted			
11. BIRTHPLACE OF FATHER <u>Unknown</u>				if not at place of death?			
(State or country)				Did an operation precede death? _____ Date of _____			
12. MAIDEN NAME OF MOTHER <u>Unknown</u>				Was there an autopsy? _____			
13. BIRTHPLACE OF MOTHER <u>Unknown</u>				What test confirmed diagnosis?			
(State or country)				(Signed) <u>J. Taylor</u> , M. D.			
14. Informant _____				19 _____ (Address)			
(Address)				* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
15. Filed <u>Mar 21</u> , 19 <u>32</u> <u>F. H. Schumann</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Grasshopper flat</u>			
Local Registrar.				DATE OF BURIAL <u>March 20</u> , 19 <u>32</u>			
V. S. No. 1				20. UNDERTAKER <u>L. M. Holcomb</u>			
County Registrar.				ADDRESS <u>Cornville</u>			